

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875) </div> <div style="text-align: center;"> <b>SERIAL NUMBER</b>  <div style="font-size: 1.5em; font-weight: bold;">097623035</div> </div> <div style="text-align: center;"> <b>FILING DATE</b> </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		11				
5		10				
6		11				
7		10				
8		11				
9		10				
10		11				
11		10				
12		11				
13		10				
14		11				
15		10				
16		11				
17		10				
18		11				
19		10				
20	1					
21		1				
22		1				
23		31				
24		10				
25		1				
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TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

  

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								